


16558 U.S. PTO  
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PTO/SB/05 (05-03)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 0275A-000455/COC

First Inventor Barry Wixey et al.

Title PORTABLE POWER PLANER

Express Mail Label No. EV 406 075 780 US

PTO  
10/75/162  
31355 U.S. PTO**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 77]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention ☒ Specification filed in English  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table, or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 30]
5. Oath or Declaration [Total Pages 4]  
a. ☐ Newly executed (original or copy)  
b. ☒ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper  
c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: 10 / 428,385

Prior application information: Examiner Shelley M. Self

Group / Art Unit: 3725

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label

27572

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

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State

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Telephone

248-641-1600

Fax

248-641-0270

Name (Print/Type)

Michael D. Zalobsky

Registration No. (Attorney/Agent)

45,512

Signature



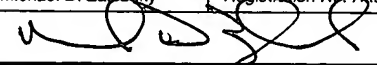
Date

January 14, 2004

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="margin: 5px 0 0 20px;"><i>Patent fees are subject to annual revision.</i></p>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number N/A	Filing Date N/A
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1076		First Named Inventor Barry Wixety et al.	Examiner Name N/A
		Group / Art Unit N/A	Attorney Docket No. 0275A-000455/COC

<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None                 </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">                     Deposit Account Number 02-2548                 </div> <div style="width: 45%;">                     Deposit Account Name Black &amp; Decker (U.S.) Inc.                 </div> </div> <p><b>The Commissioner is authorized to: (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account.                 </p>					<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																																
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<p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%;"> <tr> <td>Total Claims</td> <td>37</td> <td>-20 **</td> <td>=</td> <td>17</td> <td>X</td> <td>Fee from below</td> <td>18</td> <td>=</td> <td>Fee Paid</td> <td>306</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3 **</td> <td>=</td> <td>0</td> <td>X</td> <td></td> <td></td> <td>=</td> <td>0</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td>=</td> <td>0</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$ 306)</b></td> </tr> </tbody> </table>					Total Claims	37	-20 **	=	17	X	Fee from below	18	=	Fee Paid	306	Independent Claims	3	-3 **	=	0	X			=	0		Multiple Dependent					X			=	0		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					<b>(\$ 306)</b>																																																																																																																																																																		
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\*\*or number previously paid, if greater; For Reissues, see above

<p><b>SUBMITTED BY</b></p>		<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	Michael D. Zalobsky	Registration No. Attorney/Agent	45,512
Signature		Telephone	248-641-1600
		Date	January 14, 2004

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